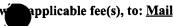
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APPLICATION NO.	FILING DATE	T :	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/633,503	08/05/2003	Zoran Krivokap		vokanic	H1164	5208
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FE \$1370	#/400	PUBLICATION FEE	TOTAL FEE(S) DUE \$1370	DATE DUE 02/07/2005
EXAM	EXAMINER		IT	CLASS-SUBCLASS]	
KEBEDE, BROOK		2823		438-157000		
Change of correspondence address or indication of "Fee Address" (37 UFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON The RESIDENCE DATA TO BE PRINTED DATA TO			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.			
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41,428



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In re Patent Application of)
Zoran Krivokapic et al.) Group Art Unit: 2823
Application No.: 10/633,503) Examiner: B. Kebede
Filed: August 5, 2003)
For: METHOD FOR FORMING)
TRI-GATE FINFET WITH)
MESA ISOLATION)

ISSUE FEE TRANSMITTAL COVER SHEET

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The Commissioner is hereby authorized to charge any other appropriate fees that may be required regarding the attached Issue Fee Transmittal (Form PTOL-85) to Deposit Account No. 50-1070.

Respectfully submitted,

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Date: December 15, 2004